L04000054074

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Openial instructions to 1 ming officer.				

Office Use Only



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C. LEWIS

JUL 9 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI		ub Estates II, LLC		
	Name of Limi	ted Liability Company		
Dear S	Sir or Madam:			
The en	nclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
	Daniel D. Peck, Esquire			
	Name of Person			
	Peck & Peck, P.A.			
	Firm/Company			
5801 Pelican Bay Boulevard, Suite 103				
	Address			
	Naples, Florida 34108-2709			
	City/State and Zip Code			
peckandpeck@aol.com				
E-r	mail address: (to be used for future annual report notific	ation)		
For further information concerning this matter, please call:				
	Daniel D. Peck, Esquire at	· · · · · · · · · · · · · · · · · · ·		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
[\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

• STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	The Club Estates II, LLC		
'2. (a) Principal office address of limited liability compan	y:		
(Note: MUST BE STREET ADDRESS)	5801 Pelican Bay Boulevard, Suite 103 Naples, Florida 34108-2709		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	5801 Pelican Bay Boulevard, Suite 103 Naples, Florida 34108-2709		
7/21/04	L04000054074		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on Registered Agent:	the records of the Florida Dept. of State: Stanley V. Jonathan B. Richards		
Registered Office Address:	2033 Trade Center Way		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: PS		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Peck & Peck, P.A. 5801 Pelican Bay Boulevard, Suite 103 Naples ,FL 34108-2709		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the mentions of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member			
Signature of a member or authorized representative of a member			
Monte Enoch	_		
Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company. Signature of Registered Agent Daniel D. Peck	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provide for in erely reflect a change in the revistered office by has been notified in writing of this change.		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			